

MISSOURI DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

No. 23-62-019940

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 291

Primary Registration District No.

Registrar's No. 70

FILED MAY 31 1962

1. PLACE OF DEATH

a. COUNTY Putnam

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Rural---Union Twp.

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTE Unionville, MissouriInside Limits
Yes ☐ No ☒2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE California b. COUNTY

c. CITY OR TOWN Inglewood

Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
1817 La Cienega Apt. #35Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Edward

J.

Sullivan

4. DATE OF DEATH

Month

Day

Year

May

22

1962

5. SEX
M6. COLOR OR RACE
W7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
7/7/209. AGE (last birthday)
41IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.
10 1510a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Airline Pilot10b. KIND OF BUSINESS OR INDUSTRY
Airline11. BIRTHPLACE (City and state or country)
Youngstown, Ohio12. CITIZEN OF WHAT COUNTRY
U.S.

13a. FATHER'S NAME

M. J. Sullivan

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

Lelia Sullivan

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Records Continental Airlines Colorado

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Multiple Injuries from
Plane CrashConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
Crash of flight 11 - First Officer20c. TIME OF INJURY
Hour 9:45 p.m.
Month 5 Day 22 Year 196220d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
on farm20f. CITY, TOWN, OR LOCATION
Union Twp.

COUNTY

Putnam

STATE

Mo

21. I attended the deceased from 9:45 to 9:45 and last saw her alive on

Death occurred at 9:45

D. m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1 0860

2 8040

3

4 0

5 1

6

7 1

8 1

9 861X

10 39

11 086

12 91-3

13 1-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Hugh L. Johnson

Licensed Embalmer No.

3487

P. O. Address

Centerville, Ia

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.